1999/2000

Annual Report

Minister's HIV/AIDS Advisory Committee

The Minister's HIV/AIDS Advisory Committee advises the Minister of Health on HIV/AIDS priorities, emerging issues, responses to the epidemic and evaluation

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April 1, 1999 to March 31, 2000

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To the Minister of Health and Minister Responsible for Seniors

The Minister's HIV/AIDS Advisory Committee is pleased to present its 1999/2000 annual report for April 1, 1999 to March 31, 2000. The report:

- comments on the committee's priorities and activities during 1999/2000; and
- highlights important issues that affect people living with HIV/AIDS, their caregivers and governments.

The Minister's HIV/AIDS Advisory Committee takes its direction from *British Columbia's Framework for Action on HIV/AIDS*. The framework acknowledges the need for long-term planning to stem the spread of HIV and treat those affected. The policy issues that come before the committee are brought forward by members, people living with HIV/AIDS, their advocates, the Ministry of Health and other provincial or local agencies. The committee's advice considers issues within government or the community that impact on prevention and education, the care, treatment and support of people living with HIV/AIDS and research, training and leadership in HIV/AIDS.

The HIV/AIDS epidemic has significant public and preventive health consequences. The Minister's HIV/AIDS Advisory Committee members trust their deliberations have been useful in assisting the province to fight this epidemic at all levels and, most importantly, in helping improve the quality of life of people living with HIV and AIDS.

As co-chairs, we would like to thank the committee members for their contributions to providing informed and timely advice to the Minister and Ministry of Health.

Submitted this 1st day of November 2000

Joan Bray
Co-chair
Minister's HIV/AIDS
Advisory Committee

Don Seaton
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HIV, the human immunodeficiency virus, can affect anyone of any age, gender, ethnic origin or sexual orientation. HIV causes AIDS, acquired immunodeficiency syndrome. There is, as yet, no cure for AIDS.

Executive Summary

About 10,000 British Columbians have HIV or AIDS and 3,500 are receiving antiretroviral treatment. The death toll from AIDS is reported to be just under 2,000. The number of unreported deaths is unknown.

AIDS has claimed some of the youngest and most productive members of British Columbia's society. Yet, despite prevention measures and treatment advances, there are more people in British Columbia living with HIV than ever before.

HIV/AIDS is a complex and far reaching epidemic. The impact on British Columbians is acute. In recognition of the seriousness of the epidemic, in 1999/2000, the Minister's HIV/AIDS Advisory Committee focused on three critical areas:

Regionalization

- The regionalization of HIV/AIDS services must be accountable and respectful of those infected and affected by HIV/AIDS.
- Health regions need the capacity and commitment to arrange access to a full range of HIV/AIDS services or regionalization will not succeed.
- Community-based HIV/AIDS organizations are vital to British Columbia's response to HIV/AIDS. That must continue.

Interministerial Coordination

- Current gaps in government services for people living with HIV/AIDS present unnecessary barriers to care, treatment and support.
- The Minister's HIV/AIDS Advisory Committee has made several recommendations to the Interministry Committee on HIV/AIDS. To this point, the committee has received limited response to these recommendations.
- The Minister must continue to lead the way in improving how government services for people living with HIV/AIDS are coordinated and delivered.

Prevention: Addictions

- The government needs to intensify its efforts on addictions services.
- The impact of addictions on HIV/AIDS is keenly felt in British Columbia. Addiction services remain a critical focus in the fight against these diseases. Despite this, addiction services are woefully inadequate and disjointed. This situation can and must be prevented.
- Since HIV/AIDS was first documented in the early 1980s, people with addictions have been a primary target for HIV prevention. Yet, marginalized people's access to HIV/AIDS and addictions services remains an issue. Many are unable to maintain complicated antiretroviral treatments because they lack stable housing, income and social support.
- The connection between HIV, addictions and health needs to be better acknowledged. Major resources are required to realign addictions and health care services.
- A substance abuse commission with responsibility for delivering addictions services and a provincial policy framework focusing on reducing the harms of substance misuse have been recommended. The Minister must, without delay, make a decision on how addictions services are delivered.

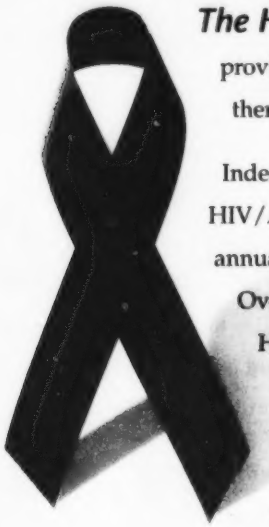
These basic steps would greatly assist in reducing HIV infections and improving HIV/AIDS care, treatment and support.

Emerging Concerns

The committee has identified several emerging concerns that will significantly affect health care planning:

- The growth in co-infections, including Hepatitis C, that affect the health of people living with HIV/AIDS and increase health care costs.
- Confidentiality issues arising from a proposal to make HIV reportable and the proposed inclusion of HIV drugs on Pharmanet.
- The potential misuse of proposed point of care/rapid HIV tests.
- The continued need for leadership and communication on HIV/AIDS issues.

Current Issues of Interest



The HIV/AIDS epidemic is constantly evolving. Ongoing research provides clues into the disease's course and management. New drug therapies offer the hope of prolonged life and, some day, a cure.

Indeed, British Columbia has one of Canada's most comprehensive HIV/AIDS care systems. The Ministry of Health spends around $60 million annually on HIV/AIDS prevention, education, care, treatment and support. Over $11 million of these funds are grants to community-based HIV/AIDS organizations. Expert advice on HIV/AIDS is provided through the BC Centre for Disease Control Society and the BC Centre for Excellence in HIV/AIDS. Family physicians, street and public health nurses and community-based organizations also have a critical role in prevention.

The Minister's HIV/AIDS Advisory Committee advises the Minister on priorities, emerging issues, responses to the epidemic, evaluation, funding and the Ministry of Health's annual HIV/AIDS work plan. Alliance building between government and community and promotion of public understanding are important committee roles.

The evolving nature of the HIV/AIDS epidemic has complicated efforts to stem its spread. During the 1980s, men who have sex with men accounted for almost three-quarters of positive HIV tests. By 1999, men who have sex with men accounted for about a third of HIV infections. The incidence of HIV among women having sex with men has increased. In the early years of the epidemic, less than 10 per cent of new HIV infections were among this group. By comparison, in 1999, around 30 per cent of new HIV infections were attributed to heterosexual sex. The number of women seeking treatment for HIV/AIDS is expected to double by 2004. Similarly, less than 10 per cent of injection drug users tested positive for HIV in the 1980s. By 1999, around a quarter of injection drug users in Vancouver's Downtown Eastside and Victoria had HIV.

As part of the Minister's HIV/AIDS Advisory Committee's mandate to monitor emerging issues, the committee would like to bring to the Minister's attention the following issues of current interest:

The Care Continuum

Issue: Reducing HIV Transmission

HIV often strikes the youngest and most vulnerable populations in British Columbia. The average age at transmission is 23. Young gay men, men having sex with men, women, injection drug users, sex trade workers, inmates, Aboriginals and people living in poverty are at high risk. High risk clients need to know about the connection between HIV/AIDS and behaviors like unprotected sex or injection drug use. Prevention efforts must improve and must consider how to reach and support these vulnerable populations.

Issue: The Impact of Social Determinants of Health

HIV/AIDS touches all stratas of society, however, the risk of HIV infection is profound among people who:

- live in poverty;
- have limited education;
- have lower income and job security;
- have inadequate or no housing;
- have early childhood experiences that place them at risk;
- have unresolved trauma from physical, sexual, emotional, spiritual, economic or cultural abuse;
- have mental illness or a disability;
- misuse alcohol or other substances;
- are in prison;
- lack caring and supportive family and friends;
- have poor access to health services;
- are a victim of discrimination; or
- are vulnerable because of gender orientation.

These social, economic and environmental factors are called "social determinants of health".

People living with HIV/AIDS often face barriers to basic health care services other British Columbians take for granted. Government policy can improve or worsen the plight of marginalized people. HIV strikes when their plight is at its worst.

Issue: Care and Support

The quality of life of people living with HIV/AIDS is dependent on their ability to obtain self-care, hospital care, home support, substance misuse and rehabilitation services. Proper nutrition, affordable housing, reliable transportation and other social determinants of health also determine well-being. Providing these services in regions can help to contain the spread of HIV and treat the physical, emotional, spiritual and social effects of AIDS.

Issue: Treatment

About 90 per cent of injection drug users in the Downtown Eastside have Hepatitis C. Twenty-five per cent have HIV. Yet, less than 14 per cent are being treated for HIV/AIDS.

For government, treatment issues are questions of priority. Answers are not necessarily cheap. Yet, the need to expand upon innovative HIV/AIDS treatment programs is great. Difficult side effects or treatment barriers, like poverty, mean new drugs are often not used by people who would benefit from them. In the injection drug use community, especially, the complexity of taking multiple doses several times daily prevents many from using antiretroviral drugs. The Ministry of Health needs to find ways to reach these vulnerable populations.

The issue of co-infection presents another significant treatment challenge. HIV may co-exist with diseases like Hepatitis B and C or sexually transmitted diseases, like chlamydia. People with addictions problems or mental illness have a higher risk of acquiring HIV. The challenge for the health care system is to develop multidisciplinary, coordinated treatment and support services that assist people with multiple diagnoses—among the most fragile members of society.

Issue: Managing Health Care Needs and Costs for Long-term Patients

New antiretroviral and combination drug therapies help people live longer. There is a need for careful resource management planning to accommodate constantly changing standards of care as the science progresses. The Ministry must balance these new treatments with their long-term outcomes.

Needle Exchange Programs

Issue: Reducing HIV/AIDS Risk Among Injection Drug Users and Sex Trade Workers

Harm reduction supports people to decrease their risk of HIV infection and improve their health.

Needle exchanges reduce HIV transmission by providing injection drug users with clean needles and cleaning supplies for injection drug use equipment and sex trade workers with lubricants, condoms, education and support. They play a critical role as an entry point to other health care services, like medical care and rehabilitation. Research has consistently demonstrated needle exchanges neither encourage people to try drugs nor increase drug use among people with an injection drug habit.

British Columbia has 15 needle exchange programs. Many communities are under serviced. Some have no needle exchange services at all. Access to needle exchange services is essential to harm reduction. "Street-involved" people, such as injection drug users, sex trade workers, homeless people with mental illness require better coordination of needle exchanges, health care and support.

Housing

Issue: Safe, Affordable Housing

Access to safe, affordable housing helps people living with HIV/AIDS and marginalized people to follow medical and drug treatments. Housing is essential to their long-term stability. The committee lauds the province for its efforts in 1999/2000 to provide low-cost housing and portable housing subsidies. But more needs to be done. A continuum of appropriate spaces is required for people with addictions and sex trade workers. Supports are needed to help at risk youth living on the street to have safe, stable housing. Most of all, leadership is required to engage health regions in examining housing needs and available resources.

Income

Issue: Income Security

BC Benefits is the only income for about 30 per cent of people living with HIV/AIDS. Yet, some don't understand or aren't receiving their full benefits. A committee of government and HIV/AIDS community representatives has developed a long list of proposed improvements to BC Benefits. The report of the advisory group is entitled, *Additional Monthly Health Allowances Under Schedule C for Persons Living with HIV/AIDS*. Access to improved benefits would cause immediate and significant improvements to the quality of life and health status of people living with HIV/AIDS. However, many of these recommendations have yet to be acted upon. Easy and timely access to adequate income is crucial. People living with HIV/AIDS need to understand their rights and responsibilities and the benefits available to them.

Aboriginal Issues

Issue: Culturally-sensitive Care

Aboriginal people have a higher rate of HIV than British Columbia's other ethnic groups. About five per cent of British Columbians are Aboriginal. But, in 1999, almost 19 per cent of people testing newly positive for HIV were Aboriginal. On-reserve testing and care for HIV are limited and fear of disclosure prevents many from taking HIV tests. Antiretroviral drugs that slow the onset of AIDS are also not widely accessible to Aboriginal people. Access to HIV/AIDS prevention, care, treatment and support services continues to be a challenge. The committee is very supportive of *The Red Road: Pathways to Wholeness*, British Columbia's Aboriginal HIV/AIDS strategy. *The Red Road* is a major strategic planning document. This strategy needs to be supported to expand the capacity of First Nations communities to deal with HIV/AIDS.

Confidentiality

Issue: HIV Reportability

The Minister's HIV/AIDS Advisory Committee has advised the Minister to postpone a decision on a Medical Health Officers' proposal to make HIV reportable. While the committee is aware of the need for public health officials to have accurate information about HIV, the committee cannot support the current proposal. The committee has yet to hear compelling arguments for making HIV reportable. Reportability also has wide-ranging implications. Breaches of confidentiality carry the risk of violence towards HIV-positive people, discrimination by employers and refusal to undergo treatment for fear of disclosure. The committee believes there may be other options for achieving the same result that have fewer consequences for people living with HIV/AIDS.

Options are needed to:

- improve notification of partners of HIV-positive people;
- control the spread of HIV and co-existing diseases, such as sexually transmitted diseases or Hepatitis C;
- assist in HIV/STD prevention planning and encourage early care; and
- improve understanding of local HIV epidemiology.

Issue: HIV Drugs on Pharmanet

Pharmacare and the College of Pharmacists have proposed including HIV drugs on Pharmanet, a provincial medications database. The HIV/AIDS community, both in urban and rural areas, has raised serious concerns about the threat of disclosure and unintended impact of inclusion on their willingness to use life-saving drugs. The Minister's HIV/AIDS Advisory Committee believes this proposal could endanger people's jobs and personal security and cause some to decline treatment. Consequently, the committee has recommended to the Minister that broad consultation be undertaken before a decision is made.

Issue: Point of Care/Rapid HIV Tests

Point of care/rapid tests have been approved by Health Canada. These pinprick blood tests provide initial HIV results within minutes [a second lab test is needed to confirm HIV]. The committee has urged the Minister to ensure clear practice guidelines are in place that:

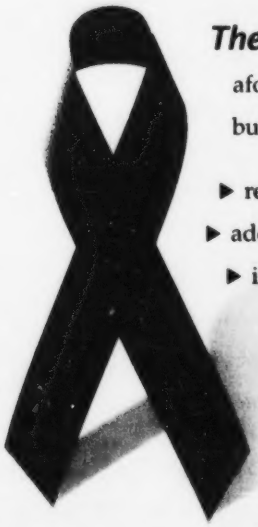
- require informed consent;
- provide for mandatory pre- and post-test counselling;
- encourage follow up care; and
- ensure the use of tests is monitored to prevent abuse.

Government Coordination

Issue: Priority Setting

Over the course of the past year, the Minister's HIV/AIDS Advisory Committee has provided input into the Ministry's HIV/AIDS Division work plan. The committee believes that, with current demands on the division, the division's resources are inadequate to fulfill the work plan. The committee, therefore, suggests the Minister reconsider the resources allocated to the HIV/AIDS Division and, if further resources are unavailable, adjust the Ministry's expectations.

What We Did



The Minister's HIV/AIDS Advisory Committee sees the aforementioned issues as challenges for 2000/2001 and opportunities to build on its 1999/2000 achievements. These focused on three priorities:

- regionalization: HIV/AIDS plans/funding policy;
- addictions; and
- interministerial coordination.

Regionalization

The province's plan to regionalize HIV/AIDS services has imposed a new set of responsibilities on health authorities. Regionalization gives health authorities responsibility and accountability for HIV/AIDS care. Health authorities are required to consult with people living with HIV/AIDS, vulnerable populations and community-based HIV/AIDS organizations to determine local needs and deliver services.

New partnerships are needed to balance traditional health care with grassroots approaches.

Since the province first committed to regionalization in September 1998, there has been considerable concern in the HIV/AIDS community about the implications for community-based organizations funded by government and from health authorities about their capacity to undertake this work. Community-based HIV/AIDS organizations continue to express fear there will be a loss of innovation, accountability and respect for their work.

HIV/AIDS issues for many communities are equity and accessibility. The migration of people living with or at risk of HIV/AIDS to larger regions, such as Vancouver/Richmond, transfers the cost and service pressures of prevention, care, treatment and support to those regions. HIV/AIDS resources are concentrated in the Lower Mainland, where most British Columbians live. The pattern has been for people from smaller communities, many for fear of being stigmatized, to migrate to larger centres. Consequently, communities outside the Lower Mainland often have fewer HIV/AIDS resources and expertise. Once removed from the support of family and friends, people living with or at risk of

HIV/AIDS may struggle with unemployment, lack of emotional and financial support and isolation.

The committee is hopeful regionalization will result in a spectrum of care, treatment and support services being developed by regions. This would help reduce migration and ensure people from all parts of British Columbia have local HIV/AIDS services. As it is, health authorities will be inheriting fragmented funding envelopes, while taking on a new system of care.

The experience of regionalization has varied throughout the province. However, the intended benefits of a successful regionalization process would be:

- improved access to and breadth of local HIV/AIDS services;
- reduced pressure on major centres, like Vancouver/Richmond;
- more local involvement in HIV/AIDS planning; and
- increased accountability.

Regionalization has already forced a dialogue between community-based organizations and traditional health care institutions that, for many years, avoided or refused to deal with HIV/AIDS. One of the challenges in bringing these groups together is their differing philosophies. The people at the highest risk of HIV tend not to use traditional health care services. Reaching these populations will require health authorities and community-based organizations to forge new partnerships that balance the services traditional health care has to offer with community-based organizations' grassroots approach.

The Minister's HIV/AIDS Advisory Committee strongly urges the Minister to:

- examine historic funding inequities;
- encourage community needs assessments and asset inventories;
- fund the Pacific AIDS Network as a forum for community groups to discuss province-wide issues;
- encourage culturally-sensitive care;
- encourage dispute resolution processes for health authorities;
- ensure accountability;
- envelope and protect community HIV/AIDS funding.

Achievements

During 1999/2000, the committee advised on regionalization by:

- reviewing draft requirements for health authority HIV/AIDS plans
- requesting the Ministry to extend the transfer of community HIV/AIDS contracts to March 31, 2001
- identifying evaluation criteria for regional HIV/AIDS plans
- recommending the signing of a joint, mandatory memorandum of understanding prior to community-based HIV/AIDS contracts being transferred to health authorities

The committee will continue to advise on the delegation of HIV/AIDS services to health authorities as one of its key priorities

Addictions

The impact of addictions on HIV/AIDS has been devastating for British Columbia. About 25 per cent of injection drug users in Vancouver's Downtown Eastside and 23 per cent in Victoria have HIV. Many more may be infected, but remain undiagnosed. A wide-scale epidemic on Aboriginal reserves is feared.

Current addictions treatment is woefully inadequate. Effective government interventions continue to be inconsistent. And, the recommendations of several reports and task forces on illicit drug use remain to be acted upon. The committee recognizes there is no lack of strategies for dealing with addictions. What is needed is the political will to implement them.

To have an impact on HIV/AIDS, addictions experts agree addictions need to be prevented and detox and treatment options, including drug substitution services, provided. The committee urges the Minister to provide the leadership to support harm reduction by:

- implementing recommendations for a substance abuse commission with responsibility for delivering addictions services and a provincial policy framework for reducing the harms of substance misuse;
- returning addictions services to the Ministry of Health from the Ministry for Children and Families;

- exploring innovative efforts and harm reduction strategies to reduce HIV transmission among injection drug users; and
- communicating with health authorities about harm reduction.

Achievements

The committee has recommended a province-wide addictions strategy and substance abuse commission, reporting to the Minister of Health

Interministerial Coordination

An example of a proactive interministry initiative that has had positive results is harm reduction.

Most policy decisions of government require ministerial approval. Coordinating HIV/AIDS across government as a whole requires a culture of cooperation and a commitment to healthy public policy.

Interministerial coordination is an area that can have huge benefits to people living with HIV/AIDS, at little cost to government. The onus is on the government of the day to impart to each ministry the necessity of working together to effect change.

The Minister's HIV/AIDS Advisory Committee looks to the Minister to provide leadership on interministerial coordination. The next critical step in HIV/AIDS is coordinating each ministries' work plans to improve services for people living with HIV/AIDS. However, while provincial employees at the interministry table are an excellent resource, the committee recognizes, with frustration, that change is slow to occur in government.

During 1999/2000, the Minister's HIV/AIDS Advisory Committee made a series of recommendations to the Interministry Committee on HIV/AIDS. Central to these recommendations is the need to respond holistically to the income, treatment, care and support needs of people living with HIV/AIDS. The committee looks forward to reviewing the Interministry Committee's response and urges the Minister to continue to guide the Interministry Committee in making the changes necessary to improve HIV/AIDS services in this province.

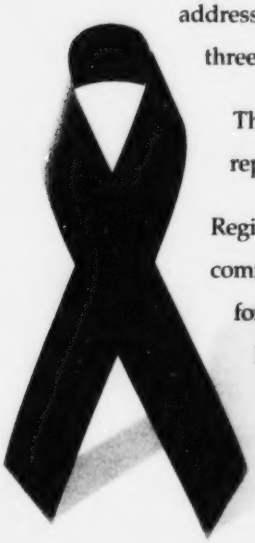
Achievements

- **The Minister's HIV/AIDS Advisory Committee has recommended the Minister declare interministerial coordination of HIV/AIDS a provincial priority**
- **The Minister has organized an Assistant Deputy Minister's working group to support the** Interministry Committee on HIV/AIDS
- Treatment, methadone availability and discharge planning issues in provincial correctional centres were reviewed with the Ministry of Attorney General
- HIV prevention and treatment were discussed at a panel presentation to a May 2000 BC Corrections health care providers workshop

The Interministry Committee on HIV/AIDS is responsible for developing and coordinating government services and policies to reduce HIV infections and improve the quality of life of people living with HIV/AIDS and their caregivers. Members include the ministries of Advanced Education, Attorney General, Children and Families, Education, Health, Social Development and Economic Security (including BC Housing) and Women's Equality, with Health Canada an ex-officio member.

What's Next

The Minister's HIV/AIDS Advisory Committee will continue to address prevention, regionalization and interministerial coordination as its three major priorities for 2000/2001.



The committee will keep a close watch on the issues identified in this report as current issues of interest.

Regionalization, unproven to date, will continue to be scrutinized by the committee. However the Minister chooses to organize the delivery of services for addictions—regardless of whether a substance abuse commission or a harm reduction framework is adopted—greater effort needs to be made in responding to this challenge. Further, while significant strides have been made in interministerial coordination, this priority continues to be one of the most important steps the Minister could take to influence the course of HIV/AIDS in British Columbia.

As discussed in this report, preserving the confidentiality of health care records and protecting the privacy of people living with HIV/AIDS is at the core of many issues. The Minister's HIV/AIDS Advisory Committee will continue to advocate at the highest levels for the rights and dignity of people living with HIV/AIDS.

To ensure HIV/AIDS remains a priority for government, leadership and communication must occur at all levels, with all stakeholders. The Minister must be a strong advocate, within health, government and the community, for people living with HIV/AIDS.

Achievements

The committee thanks co-chairs Joan Bray and Don Seaton for their ongoing and able leadership during 1999/2000

The Minister's HIV/AIDS Advisory Committee can now be contacted online at www.hlth.gov.bc.ca/hiv

Appendices

Appendix A: Mission

The Minister's HIV/AIDS Advisory Committee is an independent, external reference body that assists the Government of British Columbia in responding to the HIV/AIDS epidemic. The committee reports to the Minister of Health and Minister Responsible for Seniors and liaises with the Director of the Ministry's HIV/AIDS Division.

Appendix B: Objectives

The Minister's HIV/AIDS Advisory Committee:

- informs policy direction and provides advice on priorities, emerging issues, responses to the epidemic and evaluation of provincial policies and programs;
- promotes understanding on HIV/AIDS issues and builds alliances among governments, health authorities, non-government organizations and others; and
- informs the Ministry of Health's annual work plan on HIV/AIDS.

The committee provides an annual report to the Minister of Health and gives advice on funding priorities.

Appendix C: Members

Committee members are recruited through a call for applications and may serve up to three years. About one-third of members, including a co-chair, are people living with HIV/AIDS. The committee may also seek members who represent particular areas of interest. In 1999/2000, the committee undertook a call for applications for two new members with experience working with youth and in Vancouver's Downtown Eastside.

During 1999/2000, the committee included 15 members representing:

- HIV/AIDS community organizations, needle exchange programs, other community organizations and direct service providers

- Health professionals knowledgable about and/or who specialize in HIV/AIDS
- BC Centre for Disease Control Society
- BC Centre for Excellence in HIV/AIDS
- Health authorities
- Members at large knowledgeable about HIV/AIDS through volunteer experience, community work, consulting, research, administration or other activities.

The Director and staff of the Ministry's HIV/AIDS Division, the Director of the Ministry's Aboriginal Health Division and the Program Support and Evaluation Branch were ex-officio members. The Assistant Deputy Minister of Regional Programs Policy and Strategic Initiatives also attended on behalf of the Ministry.

Members

Co-chairs

Joan Bray, *Cranbrook*

Don Seaton, *Vancouver*

Members

Paula Braitstein, *Vancouver*

Dr. Brian Conway, *Vancouver*

Gordon Cote, *Nanaimo*

Stephanie Killam, *Mackenzie*

Dr. James Lu, *Kamloops*

Malsah, *Surrey*

Linda Manzon, *Grand Forks*

Tom McAulay, *Vancouver*

Dr. Michael O'Shaughnessy, *Vancouver*

Dr. Michael Rekart, *Vancouver*

Jan Robert, *South Hazelton*

John Turvey, *Vancouver*

Past Public Members

Janice Dyck, *Prince George*

Norman Edwards, *Vancouver*

Ex-officio Members, Ministry of Health

Lisa Allgaier, *Director, Aboriginal Health Division*

Lorraine Calderwood-Parsons, *Manager, Policy and Programs, HIV/AIDS Division*

Elena Kanigan, *Director, HIV/AIDS Division*

Linda Mueller, *Coordinator, Policy and Support, Minister's HIV/AIDS Advisory Committee Secretariat*

Appendix D: Acknowledgments

The Minister's HIV/AIDS Advisory Committee acknowledges those individuals and agencies that made presentations throughout the year:

- Jeff Anderson and Dennis Hutchinson, Pacific AIDS Network Working Group
- Dr. John Anderson and Dr. Rick Hudson, Clinical Support Unit, Ministry of Health
- Dr. Patricia Daly, Director, Communicable Diseases, Vancouver/Richmond Health Board
- Ross Harvey, Executive Director, BC Persons with AIDS Society
- Andrew Johnson, Executive Director, AIDS Vancouver
- Dr. Perry Kendall, Provincial Health Officer
- Marnie Mitchell, Director, Pharmacare
- Dr. Diane Rothon, Director, Health Services, Corrections Branch, Ministry of Attorney General
- Art Zoccole, Executive Director, Red Road HIV/AIDS Network Society

and all those who represented the interests of the HIV/AIDS community to the committee. Their involvement has assisted the committee in maintaining a balanced perspective on HIV/AIDS issues in British Columbia.

The committee particularly thanks Ken Clements, Executive Director, and the members of Healing Our Spirit for inviting the Minister's HIV/AIDS Advisory Committee to participate in the March 26 to 29, 2000 Healing Our Spirit conference in Cranbrook. The committee's involvement with Healing Our Spirit and the participation of the Red Road HIV/AIDS Network Society on

the committee have helped members to advise the Minister on the inclusion of aboriginal HIV/AIDS services in regional health plans and provincial health care policy.

The committee appreciates the leadership of former Health Ministers, the Honourable Penny Priddy, and the Honourable Mike Farnworth on the challenges facing the Government of British Columbia in responding to the HIV/AIDS epidemic.

The committee welcomes the involvement of the new Health Minister, the Honourable Corky Evans, at future committee meetings.

Appendix E: Key Documents

The Minister's HIV/AIDS Advisory Committee reviewed the following documents during 1999/2000:

BC Centre for Disease Control Society. *Counselling Guidelines for Point of Care Use of Rapid HIV Antibody Tests*. Draft. Vancouver: BC Centre for Disease Control Society, March 2000.

BC Centre for Disease Control Society. *Epidemiology of HIV Infection: Preliminary Update for HIV Advisory Committee*. Vancouver: BC Centre for Disease Control Society, April 6, 1999.

Bognar, Carl J., Legare, Jeanne and Ross, Susan. *Injection Drug Use and the Epidemic of HIV in the Lower Mainland: Final Report*. Prepared for the Lower Mainland Working Group on Communicable Diseases, September 1998.

Canadian AIDS Society. *Advocacy Alert: Rapid Point of Care Testing*. Ottawa: Canadian AIDS Society, November 12, 1999.

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Health Association of British Columbia. *A Proposal to Transfer Responsibility for Alcohol and Drug Services to Health Authorities*. November 1998.

Health Canada. *F/P/T Advisory Committee on Population Health: 1999/2000 Workplan for Conference of Deputy Ministers of Health, June 1999 to June 2000*. Ottawa: Health Canada, September 28, 1999.

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